

# **[The Pan American Health Organization's (PAHO) Bilateral Partnership with the] United States**

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*Partnerships for Better Health in the Americas*  
Occasional Publication No. 11  
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# United States of America



One of PAHO's longest and most successful bilateral partnerships has been with the United States of America. This partnership dates back to PAHO's origins, in 1902, when

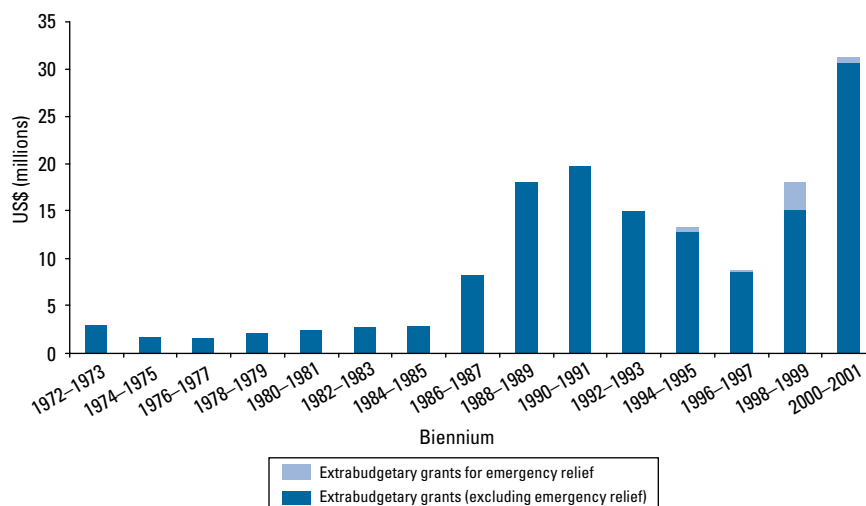
the First International Sanitary Convention of the American Republics took place in Washington, D.C. Today, PAHO's Headquarters remains in that city, and the partnership with the U.S. is still striving to improve health in the Americas. Examples of PAHO cooperation with the United States include support from and collaboration with the United States Agency for International Development (USAID), the Centers for Disease Control and Prevention (CDC), the Department of Health and Human Services (DHHS), the Environmental Protection Agency (EPA), the National Institutes of Health (NIH), the U.S. Navy, and the National Aeronautics and Space Administration (NASA). USAID, an independent agency of the federal government that receives overall foreign policy guidance from the Secretary of State, provides most U.S. global development assistance. USAID works to support long-term, equitable economic growth and advance U.S. foreign policy objectives by supporting three program pillars: (1) economic growth, agriculture, and trade; (2) global health; and (3) democracy, conflict prevention, and humanitarian assistance. (For further information on USAID's policies and programs, visit [www.usaid.gov](http://www.usaid.gov).)

U.S. support to PAHO began in the early 1970s, but the partnership gained new momentum in the mid-1980s, marking the beginning of greater cooperation between PAHO and the U.S. (Figure 21). This surge in support was partly a result of renewed interest in Central American countries and the "Health as a Bridge to Peace" initiative. While cooperation with the U.S. declined in the first half of the 1990s, the past four years have seen new highs in resource mobilization and continued U.S. commitment to health in the Americas. In 2000–2001, the U.S. provided over US\$ 30 million in assistance, by far the highest voluntary contribution to PAHO's efforts.

Throughout its history, the PAHO-U.S. partnership has resulted in initiatives and programs in numerous Latin America and Caribbean countries and in a



**FIGURE 21. Resource mobilization by PAHO from the Government of the United States of America (funds received), 1972–2001.<sup>a</sup>**



<sup>a</sup>These figures reflect contributions received by PAHO and may differ from the amounts committed by the Government of the United States of America through its agreements with PAHO. These figures exclude extrabudgetary funds received by the Caribbean Epidemiology Center, the Caribbean Food and Nutrition Institute, and the Institute of Nutrition of Central America and Panama.

**Sources:** Pan American Health Organization. *Financial Report of the Director and Report of the External Auditor*. PAHO: Washington, D.C. Various editions.

wide variety of programmatic areas. Collaboration with USAID contributed to the successful elimination of polio in the Hemisphere in 1994 and the U.S. has helped lead initiatives aimed at eradicating measles as well. The United States continues to provide funding by supporting regional initiatives and assisting individual countries when the need arises. (For a more extensive list of U.S.-PAHO collaborations, see Table 13.)

During the first Summit of the Americas, held in Miami in 1994, all countries in the Hemisphere that attended undertook a number of commitments relating to health. USAID agreed to fund initiatives in most of the areas mandated; current initiatives that originated from Summit mandates include measles elimination, maternal mortality reduction, health sector reform, and the integrated management of childhood illnesses. The U.S.-PAHO strategic alliance has established regional programs in each of these areas in conjunction with other partners. These initiatives are multiyear commitments, and due to their success and continued importance, all have been extended beyond their original date. In addition, USAID currently provides support to the “Landmine Victims Assistance and Socioeconomic Rehabilitation” initiative in Central America as well as to an initiative to prevent, control, and monitor antimicrobial resistance.

The CDC provides technical support and expertise to improve epidemiology in the Caribbean and has also worked in the area of infectious diseases. DHHS partnership efforts with PAHO have focused on diabetes prevention and con-



trol in the U.S.-Mexico border area, substance abuse programs, and research on aging. The NIH has provided assistance for cardiovascular disease projects as well as initiatives aimed at preventing the spread of HIV/AIDS. New efforts with the United States will focus on emergency readiness in the event of biological or chemical weapons attacks. The PAHO-U.S. partnership will continue to play a key role in promoting health in the Americas well into the future.

TABLE 13. Selected PAHO projects supported by the Government of the United States.

Project	Amount received (US\$) <sup>a</sup>	Project duration
<b>United States Agency for International Development</b>		
National Expanded Program on Immunization (various phases), Haiti, Nicaragua, and Guatemala	2,553,549	8/89–12/02
Disaster Preparedness and Mitigation Latin America and the Caribbean	1,933,621	7/93–6/98
Measles Elimination	8,969,416	8/96–9/04
Immunization: Decentralized Health Services	1,041,737	8/96–12/98
Regional Plan for Reduction of Maternal Mortality	1,796,171	12/96–9/04
Equitable Access to Basic Health Services	1,989,214	7/97–9/04
Integrated Management of Childhood Illness (IMCI)	3,164,961	3/97–9/04
Special Global Program for Vaccines and Immunization	149,846	8/97–9/00
Prevention of Childhood Illnesses Due to El Niño	171,118	12/97–6/98
Comprehensive Health Care System (SIAS), Guatemala	282,927	7/98–7/99
Disaster Preparedness and Mitigation	3,759,603	7/98–7/03
Medicines and Supplies for Victims of Hurricane Mitch	849,389	2/99–6/99
Mitigation of the Health Effects of Hurricane Georges	696,474	3/99–11/00
Immunization—Primary Health Care Program in Haiti	247,999	4/99–1/00
Antimicrobial Resistance in the Americas	2,060,036	7/99–9/04
Program to Restore Hospital Services to Saint Kitts and Nevis	1,586,180	12/99–12/01
Landmine Victims Assistance and Socioeconomic Rehabilitation Initiative in Central America	199,100	4/00–12/05
Health Improvements for Immigrants in Costa Rica (Post-Hurricane Mitch)	1,118,527	7/00–3/02
Disaster Management Training in the Caribbean	24,589	10/01–4/02
<b>Centers for Disease Control and Prevention</b>		
Diagnostic Antigens for Dengue and Yellow Fever	15,000	9/93–open
Environmental Epidemiology in Latin America and the Caribbean	1,970,070	9/94–9/01
Interagency Plan on “Tobacco or Health”	82,481	9/95–9/96
Comprehensive Emerging Infectious Disease Plan (various phases)	10,112,667	9/97–5/02
Eradication of Measles in the Americas	8,520,568	5/99–4/04

(Tables continues on next page)

TABLE 13. Selected PAHO projects supported by the Government of the United States (*continued*).

Project	Amount received (US\$) <sup>a</sup>	Project duration
Reconstruction of Public Health Infrastructure in Central America and the Caribbean following Hurricane Mitch	1,183,486	9/00–9/02
<b>Department of Health and Human Services</b>		
Training of Bilingual Substance Abuse Counselors	74,257	10/97–12/99
Symposium on National Strategies for Renewing “Health for All”	35,000	2/98–open
U.S.-Mexico Border Area Diabetes Prevention and Control Initiative (various phases)	872,590	9/98–9/04
Population Aging Studies in Latin America and the Caribbean (various phases)	247,709	8/99–12/02
Assessment of the Impact of HIV/AIDS and Caribbean Migration	25,000	9/01–3/02
Mental Health in the Americas: Partnering for Progress	200,000	10/01–12/02
<b>Environmental Protection Agency</b>		
Environmental Epidemiology: Health Risk Assessment for Latin America and the Caribbean	551,143	10/92–9/98
Improving Environmental Quality to Affect Human Health	424,325	10/95–10/99
Technical Assistance on Health Risk Assessment	354,316	5/98–5/03
Environmental Health in Latin America and the Caribbean	709,877	10/99–9/04
<b>United States Navy</b>		
Development of <i>Plasmodium vivax</i> and <i>Plasmodium falciparum</i> Vaccines	574,485	4/94–6/03
Genetic Characterization of HIV-1 Isolate in South America	343,450	7/98–6/01
<b>Department of State</b>		
Assistance for Internally Displaced Population in Colombia	1,012,500	9/00–9/02
<b>National Institutes of Health</b>		
Conference on Cardiovascular Diseases	14,724	6/98
<b>National Institute of Allergy and Infectious Diseases</b>		
General Research on AIDS	423,567	6/87–6/98
<b>National Aeronautics and Space Administration</b>		
Development of Regional Electronic Disaster Preparedness Network	236,687	5/95–4/97
Regional Disaster Preparedness Network (Health Crisis and Internet)	50,000	8/97–8/98
Total	52,107,791	

<sup>a</sup>These figures correspond to funds received during the period 1996–2001, and may include funds received after a project’s conclusion. They do not reflect funds received before or after this period and thus may not reflect the total funding received for a project. Neither do they include extrabudgetary funds received by the Caribbean Epidemiology Center, the Caribbean Food and Nutrition Institute, and the Institute of Nutrition of Central America and Panama.